



Visitor's Application

Please forward completed application to:
The Volunteer Coordinator
 Postal: Volunteer Coordinator
 PO Box 6 Phrae 54000 Thailand
 Email: volunteers@mercy-international.com

Instructions for completing this form:

- Read either the Team or Volunteer information manuals to familiarise yourself with the various projects.
- Visit our website - www.mercy-international.com
- Please take the time to complete the entire form, answering the questions honestly.
- If you cannot answer the questions seek assistance from the Volunteer Coordinator.

Section 1: Contact Information

(if more than one person is travelling please complete details of your nominated contact person)

Given Names Mr/ Mrs/ Ms/ Miss/ Dr/ Other		Family Name	
Name Known By		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address		Date of Birth	
Suburb/ Town	Postcode	Citizenship	
Passport Number		Passport Expiry Date	

1A: Contact Details

(Please indicate the preferred contact via the tick boxes)

Phone Number (including International dial codes) Home	<input type="checkbox"/>	Email	<input type="checkbox"/>
Work	<input type="checkbox"/>	Travelling Email address	<input type="checkbox"/>
Mobile/Cell	<input type="checkbox"/>	Other	<input type="checkbox"/>

Names of additional people included in visit:

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Section 2: Travel Plans

Proposed Dates of Visit

I am interested in visiting

- Khon Kaen HIV / AIDS Children's Home
- Phetchabun Children's Village and Community School
- Phrae Children's Village
- Sisaket – Thai American Language School
- Other

Accommodation and Logistics

Can we assist you with hotels and travel between Mercy International facilities?

Please advise me of ACCOMMODATION options as follows:

- Khon Kaen HIV / AIDS Children's Home
- Phetchabun Children's Village and Community School
- Phrae Children's Village
- Sisaket – Thai American Language School
- Other

Please indicate if you have an estimated budget or what your requirements are

Please advise me of TRANSPORT options as follows:

- To Khon Kaen from
- To Phetchabun from
- To Phrae from
- To Sisaket from
- Other

Please indicate if you have an estimated budget or what your requirements are

Section 3: Reference

For the safety and protection of all children, staff and volunteers within Mercy International, there is a requirement for visitors to be referred by an ordained pastor, a person in high standing in the community or to gain a Police Clearance Report. The Thai Government has instigated random checks of children's homes due to the discovery of a link between paedophilia and several children's homes in the north which host a high number of overseas visitors.

Name

Contact telephone Number

Position Title

Email Address

Organisation

Relationship to Applicant

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Section 4: Emergency Contact Nominee

Name

Relationship to Applicant

Telephone Contact Details (include international dial codes)

Contact Email Details

Home Telephone

Primary

Work Telephone

Alternative

Mobile/Cell Phone

Other

Additional Information

How did you hear about Mercy International?

If you take medication and/or suffer from High Blood Pressure, Epilepsy, Asthma, Diabetes or Emotional Disorders, please make available to Mercy International/House of Mercy Foundation, a doctors certificate endorsing your travel.

*We look forward to welcoming you to
Mercy International/House of Mercy Foundation in Thailand!*

Office Use Only

Application Received Date

Application Status Pending

Review and Advice from founders

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Section 6: Declaration

In signing this form, I agree not to hold Mercy International/House of Mercy Foundation, its officers, employees, or other agents liable for any injury, loss, damage or accident I might encounter while on a short-term team trip.

I realize and acknowledge that my participation on a team trip to Mercy International in Thailand may include risks and possible dangers. I am well aware than my travel to such a foreign country exposes me to such risks as accidents, disease, political unrest, injury from construction projects, and other calamities.

I have taken out Travellers and Medical Insurance with _____
_____ and my policy type and number is _____
(please enclose a photocopy of the policy).

I hereby accept any such risks that might result from my travel to a foreign country.

I unconditionally agree to hold Mercy International/House of Mercy Foundation, its officers, its employees or other persons blameless for any liability concerning my personal property that might be lost, damaged or stolen while on a short – term team trip.

I hereby declare that I do not have a police record anywhere in the world for child sexual molestation.

I have carefully read the above and I understand that my signature herein holds Mercy International/House of Mercy Foundation, its officers, employees or other persons harmless for any liability for injury, damage, loss accident, delay or irregularity in schedule.

Applicant Signature x	Date
Applicant Full Name 	
Witness Signature x	Date
Witness Name 	
Parent/ Guardian Signature x	Date
Parent/ Guardian Name 	

Information contained in this application will be kept private and confidential.

Thank you for completing the Visitor's Application Form.

***Email completed form – This page with signatures to be mailed to
Volunteer Coordinator at Phrae address.***

Thank you.